

COMMONWEALTH OF KENTUCKY  
DEPARTMENT FOR NATURAL RESOURCES  
DIVISION OF OIL AND GAS  
300 SOWER BLVD  
FRANKFORT, KY 40601  
502-573-0147



For Office Use Only  
**Testing Permit Fee: \$25.00**  
Record No. \_\_\_\_\_  
Fee Received \_\_\_\_\_

## APPLICATION FOR TESTING PERMIT

Applicant Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

STREET CITY STATE ZIP

Address for Mailing Permit \_\_\_\_\_

STREET CITY STATE ZIP

Email Address \_\_\_\_\_

### IDENTIFICATION OF WELL TO BE TESTED:

Permit Number \_\_\_\_\_ County \_\_\_\_\_ Well No. \_\_\_\_\_

Mineral Owner \_\_\_\_\_

Carter Coordinate ☐ FNL ☐ FEL  
Location ☐ FSL ☐ FWL Section \_\_\_\_\_ Letter \_\_\_\_\_ Number \_\_\_\_\_

Is there a complete severance of the ownership of the oil and gas from the ownership of the surface area to be disturbed by the investigation? Yes ☐ No ☐ If yes, then the applicant must fulfill the requirements of 805 KAR 1:170.

By what right do you have to enter the property upon which this well is located?

Describe the methods of investigation \_\_\_\_\_

The applicant acknowledges other local, state and federal laws may apply to the testing of this well. The applicant certifies the well will be closed at the surface as directed by the Division of Oil and Gas following testing should the applicant elect **not** to bond the well.

If any entity other than a sole proprietorship, signatory must be an officer of the entity or provide power of attorney to execute documents. If a sole proprietorship, signatory must be same or provide power of attorney to execute documents.

The undersigned hereby swears or affirms the foregoing facts given in this application are true as set forth. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Applicant Title Print or Type Name of Applicant

Sworn To and Subscribed Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

My Commission Expires Notary Public